

# The State of New Hampshire

\_\_\_\_\_ COUNTY

PROBATE COURT

IN RE: Guardianship of \_\_\_\_\_

DOCKET NUMBER: \_\_\_\_\_

## REQUEST FOR WAIVER OF PERSONAL APPEARANCE; WRITTEN STATEMENT (RSA 464-A:8, II)

I/We, \_\_\_\_\_, represent that the proposed ward, \_\_\_\_\_, does not express a desire to attend the hearing concerning the finding of incapacity and appointment of a guardian of the person and estate, or the person, or estate.

Date: \_\_\_\_\_  
\_\_\_\_\_ Petitioner(s) or Counsel for the proposed ward

### PHYSICIAN'S AFFIDAVIT (RSA 464-A:8,II)

I, \_\_\_\_\_, M.D., under oath, hereby depose and say:

1. I am a medical physician at \_\_\_\_\_, located at \_\_\_\_\_.
2. The proposed ward, \_\_\_\_\_, is a patient at \_\_\_\_\_.
3. In my opinion, the proposed ward should be excused from attending the hearing concerning the finding of incapacity and appointment of a guardian of the person and estate, or the person, or estate, because:

his/her overall physical, emotional or psychological condition is such that he/she is likely to suffer harm if required to attend; and/or  
he/she has no ability to understand the nature and consequences of the proceedings.

Date: \_\_\_\_\_

Physician Signature

THE STATE OF NEW HAMPSHIRE

\_\_\_\_\_ COUNTY

DATE \_\_\_\_\_

Personally appeared the above-named physician and took oath that the foregoing statements made are true and accurate according to his/her/their best knowledge and belief. Before me,

My Commission Expires \_\_\_\_\_

Affix Seal

Justice of the Peace/Notary Public

### ORDER

REQUEST FOR WAIVER OF PERSONAL APPEARANCE IS: ☐ GRANTED ☐ DENIED

Date: \_\_\_\_\_

Judge